Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless & displays a walld CMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Doctor Humber 10/7/2 636 Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY (Column 1) ÓR SMALL ENTITY (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE IS FEE (1) FEE (1) RATE (S) BASICFEE NIA NUA 150.00 300.00 N/A 137 CFR 1 10(4) 101 0 (c) **SEARCH FEE** NVA NIA N/A . \$250. 07 CFR 1 16(N. 14. or (m)) N/A \$500 EXAMINATION FEE NVA N/A NA (1) CFR 1 16(0), (p), or (q) \$100 NA \$200 TOTAL CLAMS X1 25 X\$50 **D7-CFR 146(4)** minus 20 = **OR** INDEPENDENT CLAIMS X100 X200 = C sunim **D7 CFR 1 16(N)**) If the specification and drawings exceed 100 APPLICATION SIZE sheels of paper, the application size fee due is \$250 (\$125 for small entity) for each C)7 CFR 1 16(4)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(s). +160a +360= MULTIPLE DEPENDENT CLAIM PRESENT OF CFR 1 16(1) Hithe difference in column 1 is less then zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II : OTHER THAN OR (Column 3): (Column 2) (Column 1) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE (5) ADDI-RATE (1) AFTER PREVIOUSLY EXTRA TIONAL TIONAL と回 AMENDMENT PAID FOR FEE (1) FEE (#) Minus X\$ 25 X\$50 OR Sidependent COF CFR LIGHT Minu X100 X200 **O**R Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DT CFR 1.160) **+180**≈ +360= OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Calumn 1) (Column) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE (\$) ADDI-RATE (\$) ADOI AFTER, AMENOMENT EXTRA REVIOUSLY TIONAL TIONAL PAID FOR FEE (\$) FEE (S) Total Minure X\$ 25 . X\$50 OR Minus COT CER E 1401 X100 X200 OR Application Size Fee (37 CFR 1.16(c)) PREST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DT OFR 1.160) +180= +360z OR TOTAL TOTAL OR ADD1 FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "V' in column 3.

"If the Tighest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

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"The Tighest Number Previous Paid For IN THIS SP If the entry in column 1 is less than the entry in column 2, write "O" in column 3. DRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313.1460.